



Town of Florence, Town Clerk's Office
P O Box 2670 / 775 N. Main Street
Florence, Arizona 85132
Phone: 520-868-7574 or 520-868-7500
Fax: 520-868-7564
TDD: 520-868-7502
www.florenceaz.gov

ADDENDUM A - TRANSIENT BUSINESS LICENSE

Applicant Name:
Business Name:
Local Address from which proposed sales will be made:
Detailed description and nature of the business (type of service, what you sell/stock etc.):
Employer Name, Address, City, State, Zip, and Phone Number (P O Boxes will not be accepted) <i>Supply credentials from establishment.</i>
Date(s) which you are requesting a transient license:
Location of goods/supplies?
How will good/supplies be delivered?
Total number of employees who will be working in our municipality?
List the three (3) most recent cities or towns where you have carried on business immediately preceding the date of this application and the address from which the business was conducted in those municipalities.
1. _____
2. _____
3. _____

List each person who will be working in our municipality, attach supplement page if necessary:

Employee Name	Permanent Address	City, State Zip	Phone Number	Drivers License No. and State

A Legal Arizona Workers Act Form **MUST** be completed for the applicant and each person working within the municipality. If any person(s) is submitting identification other than a valid driver's license, other photo identification **MUST** be submitted as well, and is to include a clear photo of person, no smaller than two inches by two inches, showing head and shoulders.

Have you/employees ever been convicted of any crime, misdemeanor or violation of any municipal ordinance other than traffic violations? ☐ No ☐ Yes, please list the nature of the offense as well as the punishment or penalty assessed.

Employee	Violation	Punishment/Penalty

List all vehicles to be used to conduct business.

Year	Make	Model	Color	License No.

I certify that the statements made on this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this addendum with the condition that I report timely and pay any and all taxes due by me to the Town of Florence. Incomplete forms will not be processed.

Signature: _____ Date: _____

Title: _____

TO BE COMPLETED BY POLICE DEPARTMENT

☐ Endorsed – No Fingerprint Checks Necessary

☐ Endorsed – Fingerprint Checks Necessary on the following individuals:

☐ Rejected: Reason(s) _____

Signature: _____ Date: _____
Police Chief or Designee

TO BE COMPLETED BY TOWN CLERK'S OFFICE

Date forwarded to Police Department: _____

Date Received from Police Department: _____

☐ Issued License No. _____ Date Issued: _____

☐ Denied Reason(s): _____

Completed by: _____ Date: _____
Town Clerk or Designee